

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see NGR 600-3; the proponent agency is The State Military Department

THRU: (Include ZIP Code)		TO: (Include ZIP Code)		FROM: (Include ZIP Code)	
1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial)				2. SSN	3. GRADE
4. ORGANIZATION AND STATION			5. ACCIDENT INFORMATION		
			a. DATE	b. PLACE (City and State)	
SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR					
6. INDIVIDUAL WAS <input type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL			7. NAME OF HOSPITAL OR TREATMENT FACILITY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY		
8. HOUR AND DATE ADMITTED			9. HOUR AND DATE EXAMINED		
10. DIAGNOSIS AND EXTENT OF <input type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH (Explain)					
11. MEDICAL OPINION: a. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS (Specify): b. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate). c. INJURY OR DISEASE <input type="checkbox"/> IS <input type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE. d. INJURY OR DISEASE <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY (Add basis for opinion in item 15). e. CONDITION <input type="checkbox"/> DID <input type="checkbox"/> DID NOT EXIST PRIOR TO SERVICE AND <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT AGGRAVATED BY SERVICE.					
12. THE FOLLOWING DISABILITY MAY RESULT <input type="checkbox"/> NONE ESTIMATE OF TIME LOSS (Days): <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL			13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input type="checkbox"/> NO		14. NO. OF MG ALCOHOL/100 ML BLOOD
15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when)					
16. DATE		17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR		18. SIGNATURE	
SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER					
19. DUTY STATUS <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE			20. HOUR AND DATE OF ABSENCE a. FROM b. TO		
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance) <input type="checkbox"/> YES <input type="checkbox"/> NO					
22. INDIVIDUAL WAS ON <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input type="checkbox"/> INACTIVE DUTY TRAINING			23. HOUR AND DATE OF TRAINING a. BEGAN b. END		
24. MEMBER WAS INJURED OR DIED OF INJURIES OR DISEASE PROCEEDING <input type="checkbox"/> IN A DIRECT ROUTE <input type="checkbox"/> IN AN INDIRECT ROUTE <input type="checkbox"/> TO DUTY <input type="checkbox"/> FROM DUTY.					
25. MODE OF TRANSPORTATION	26. HOUR BEGINNING TRAVEL	27. DISTANCE INVOLVED	28. NORMAL TIME FOR TRAVEL		
29. ADDITIONAL INSTRUCTIONS FOR INJURIES OR DEATHS CAUSED BY INJURIES RECEIVED IN ROUTE TO OR FROM TRAINING: INCLUDE MANNER OF TRAVEL, ROUTE FOLLOWED AND POINT OF INCIDENT IN ITEM 30. IF PROCEEDING FROM DUTY, INCLUDE RELEASE TIME AND DESTINATION ALSO.					
30. FINDINGS BASED ON COMMANDER'S INVESTIGATION (include names, SSNs and addresses of witnesses - continue on reverse if needed).					
31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO			32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input type="checkbox"/> YES <input type="checkbox"/> NO		
33. DATE	34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER		35. SIGNATURE		